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Research Article

Effectiveness of the Meditative Metamodel in the Treatment of Neurotic Treatments

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Abstract

This research focuses on the solution to one of the main problematic issues in our country: how to palliate the effects of neurotic disorders on the people suffering from them as well as on economy. The objective of this research resides on the validation of the effectiveness of a metamodel based on oriental meditation as a complementing therapy against neurosis.

Our country lacks of any traditional medicine-based research that comprises meditation as a tool for the treatment of this particular mental disorder. Thus, this research could be the first attempt on fulfilling such need. The applied methodology, as well as the undisputed efficiency of the scientific methods used, prove the effectiveness of this metamodel and open a road for the future use of oriental meditation and its many variants for the purposes of mental rehabilitation. The aforementioned meditative metamodel has the format of a brochure, which can be used by the people interested in achieving the body-mind balance in a self-learned way.

Keywords: Neurotic Disorders; Metamodel; Oriental Meditation; Meditative Metamodel

Mental health as a current problem

Is mental health a problem today?

Data from prestigious organizations such as the World Health Organization (WHO), the Pan American Health Organization and the International Labour Organization show that humanity is lacking in mental health and that the question can be answered in the affirmative.

The problem of mental health and its connotation in the psychological well-being of people has become not only a health problem, but a problem of the social sciences themselves because the pursuit of happiness, which is closely related to mental health, influences all areas of the social work of the individual [1].

The many and varied attempts that have been made in the field of mental health over the past decade, to mention a recent period, the increasing production of self-help literature aimed at people suffering from different mental illnesses and the exponential increase in psychopharmaceutical use are evidence that much more needs to be advanced in the field of psychotherapy and mental rehabilitation.

The tragedy of mental illness takes many forms. He may be like an actor who wears various costumes or costumes, depending on the character he represents.

There is so much uncertainty about this condition that some famous psychiates have come to claim that there is no such thing as mental "illness." They think it's merely a matter of "erratic behavior." Psychiatrists are often based on the "Manual of mental disorder diagnostics and statistics" (DSM -IV or ICD-10), as well as in the always updated guides such as the "Texas Algorhithm Medication Project" (TMAP) to diagnose and discover mental illnesses and disorders. Therefore, most mental health services in general are normally associated with Psychiatry and there are no other alternatives, which leads to a certain limit, since the mental health with

psychiatric problems and thus reduces the concept of mental health conditions [2].

It is a general practice to divide all mental illnesses into two classes, "organic" and "functional." Among the many faces of organic disease are those that occur at birth or shortly thereafter, such as cerebral palsy, Mongolianism, cretinism and other forms of mental retardation.

Other organic diseases are made to feel later in life, such as senility with their various mental aberrations, often characterized by puerility. In contrast to organic mental illnesses, there are functional mental illnesses, of which a common and mild form are neurotic disorders. Those who suffer from this are called "neurotic," usually misimplying that little if something really goes wrong with the person.

A neurotic person is in contact with reality but is prevented by a lack of confidence, or by suspicion and/or tension. A person who suffers from neurosis may feel overly anxious about their work, family, or health. You may have exaggerated fears about people or places, such as fearing using an elevator. Symptoms may include compulsive eating, being anxious all the time, or having violent outbursts of bad temper in the face of the slightest provocations. Usually the individual is aware of his problem, but not of his cause, and cannot control it.

You may think that neurotic disorders are easy to recognize. But maybe not, because neurosis have a way of dressing up. How's that? It is that they often cause physical diseases, due to the psychosomatic principle wrapped. The sick person may focus on physical ills rather than reaching the true cause. Neurosis may manifest in different ways, including digestive discomfort, heart problems, shortness of breath and skin rashes.

In contrast to the neurotic person, the psychopath (or the truly unbalanced person) has a more serious problem. It really loses touch with reality and reacts and responds in grossly abnormal ways. So there is a common saying: "The neurotic makes castles in the clouds, the psychopath lives in these castles, and the psychiatrist collects the rent".

Regardless of the fact that there are many classifications and definitions of mental and specific disorders of neurotic disorders by specialists what is undeniable is that the vast majority of them defines that the root of all neuroses and psychosis as exponents of mental health lies in anxiety [3].

Anxiety (from the Lat.anxiety" anguish, affliction) is a state characterized by an increase in perceptual faculties in the face of the body's physiological need to increase the level of something that is at that time below the 'adequate' level; or on the contrary, in fear of losing a precious good.

For cognitive psychology, anxiety that is sick (pathological anxiety), is directly related to fear of the future and is based on thoughts related to phrases that begin with "what if...?" ("What if I get dizzy?", "What if I have any illnesses?", "What if I lose control?", etc.) [4]. Thus conceived, the treatment of anxiety has to be based on a recoding of these kinds of thoughts that allows the person to live in the present. The person who has anxiety, says and feels the future as if it were real, when the reality is that in the present, which is the only thing that exists, there is no reason for anxiety to be generated. When the person regains contact with the present, the anxiety disappears.

However, in modern advanced societies, this innate characteristic of man has developed pathologically, forming, in some cases, symptomatic tables that constitute Neurotic Disorders, which have negative consequences and very unpleasant for people who suffer from them. Neurotic Disorders include Fobias, Obsessive - Compulsive Disorder, Panic Disorder, Agoraphobia, Stress Disorder post-traumatic, Generalized Anxiety Disorder, etc.

It should be nuanced, as stated above, that anxiety itself is not pathological, what generates problems is the incorrect response of said emotion in a chronic way or in certain situations or stimuli that is disadapting for the individual.

There are several types of treatments and therapies that are effective for people with anxiety and panic. They include:

1. Anxiolytic drugs.

2. Cognitive-behavioral therapy. This should be led by a competent and experienced psychologist. Therapy includes techniques of graduated exposure, confrontation and modification of negative or incorrect beliefs; modification of negative thoughts; techniques for engaging in positive self-talks; specific techniques for dealing with panic; etc.

3. Stress Reduction, which may include relaxation and breathing techniques, better time management, physical exercise, Yoga, etc.

4. Changes in food; for example, gradual elimination of coffee, stimulants, chocolate, sugar, tobacco, alcohol, soft drinks containing caffeine and analgesics or drugs containing it. Some patients report significant reductions in their anxiety only by taking these measures.

In very serious cases it may be necessary to use drugs during the course of psychological therapy, but always under the supervision of a qualified professional. If psychological therapy gives the expected results, the drugs may be discontinued.

Anxiety is generally considered to be a lifelong condition. Not all patients respond to treatments, but a significant percentage of them can achieve a partial or near-complete recovery in the long run with the help of psychological therapy. Prognosis of anxiety is thought to be affected by the common belief (possibly a negative and incorrect belief) on the part of patients that their condition is especially severe, more severe than that of anyone else who has recovered.

Therefore, in everyday life, anxiety becomes a key starting point and arrival point for assessing mental health and, for the purposes of this research, an exact dose of anxiety that allows the individual an emotional and psychological well-being in which s Ea able to make use of your emotional and cognitive skills, social functions and respond to the ordinary demands of everyday life becomes the fundamental indicator of body-mind balance and good mental health.

Mental rehabilitation and oriental meditation in the treatment of neurosis

What is mental health rehabilitation?

Mental health rehabilitation is the set of interventions and supports whose essential objective is to help the mentally ill recover or acquire the skills and skills necessary for the development of a daily life in community in the most autonomous and dignified way, as well as in the performance and management of the different social functions and demands that comes with living, working and relating.

Understood in this way, mental health rehabilitation is not a centre or unit, but a certain way of understanding care for people affected by a mental illness and involves both a set of specific procedures and a network of resources aimed at providing a higher quality of life under the most normal and independent conditions possible.

Rehabilitating doesn't mean improving something from the outside. Rehabilitating means that the person extracts from himself the best, all his potentialities and his state of inner perfection to alleviate the negative effects that the waves of the disease have created. Rehabilitating means, above all, domestic growth.

To understand what internal growth is, simply look at a tree. As the tree grows upwards its roots grow deeper down, deeper. There is a balance: the higher the tree, the deeper its roots are. There cannot be a tree fifty meters high that has small roots; they couldn't hold such a big tree. In life, growing up means delving into yourself: that's where the roots are. The lack of these deep roots are the root causes of suffering, fears, human concerns and feelings of guilt, remorse and inability to self-acceptance, in short, are the causes of neurotic disorders.

Science no longer doubts the reality of mind-body interaction and knows the effect that emotional states (depression, love, anger, hatred, love, generosity, joy, optimism...), produce on the body. However, there is still a long way to go until there is a meeting between traditional medicine and Holistic or Integral Medicine.

Precisely, one of the fundamental objectives of Eastern meditation, in all its variants, is to initiate the person on that inner journey that allows him to "take deep roots" and be able to propel himself to higher heights. And that, precisely, is mental rehabilitation.

For this reason there are many proponents of Eastern meditation as a method of rehabilitation of mental health [5-13].

The above leads to the obvious conclusion that oriental meditation provides exceptional potentials to be used as a therapy in the treatment of neurotic disorders, although, being based on paradigms other than those that predominate in Western life runs into the pressing need to contextualize its application to make it actually effective.

The meditative metamodel. Your essence and structure

What is a metamodel?

The construction of metamodels has shown a growing boom in almost all spheres of human knowledge. Impregnated with the advances in Neurolinguistic Programming (NLP) in the areas of trade, communication, pedagogy and educational psychology, to name just a few of them, they have sought to develop these metamodels with the aim of being more efficient and effective. In this way, currently and with great success, the metamodels are used in almost all fields of human activity. Modeling is the basic and fundamental tool of the NLP. All NLP techniques have been the result of modeling conscious and unconscious processes (called strategies) of flesh and blood people.

For the preparation of these metamodels, we analyze not only the actions that make up the activity in question, but also the paradigms that fly the people who have achieved the greatest success in this activity. All this leads to a systemic modelling that allows the interested in using the metamodel to appropriate the very essence of the activity at a level of metacognition guaranteeing, in a high percentage, success [14-16].

Metamodels are, in a way, similar to research hypotheses. If you can answer possible problems of reality, but they also have the same drawback of the hypotheses and that is that you have to try them or at least add to the same empirical evidence about their functioning and empathy with the reality that shapes. There is an important element in metamodels that makes the big difference from them with hypotheses, and it is their ability to constantly redefine it through successive comparisons with reality. This allows the metamodel to mature over time, but this process must be well defined and evaluated, in such a way that it allows to find the metamodel that best suits the problem it solves and, on the contrary, does not contribute to the complexity of it.

Therefore, it can be said, although without intention to offer a finished definition on the subject, that a metamodel is: a kind of quasi-algorithm built at a metacognitive level whose implementation guarantees the success of the activity for which it was Created.

Based on these premises one of the authors of this research developed a metamodel based on oriental meditation that would serve to mitigate the effects of anxiety.

Structure of the meditative metamodel.

The made metamodel has the following characteristics

1. Contains in tight synthesis the philosophical and exercise bases of the main currents of Eastern meditation that are primarily aimed at eradicating anxiety.

2. It is didactically designed for the person who uses it to appropriate these theoretical-practical foundations in an accelerated way transiting levels of depth and assimilation.

3. It is prepared in the form of a teaching brochure so that people can use it relatively independently.

The pamphlet prepared on the basis of the metamodel is titled: "You can achieve the inner balance: 12 talks to discipline the mind" and presents the following structure [17]:

1. Consists of 12 talks. All of them contain a system of exercises (taken from Eastern meditation), and arranged in order of increasing complexity. The exercises that appear in each talk have a close relationship with the topic of meditation that is covered in it and with an orientation of how to practice them, as well as how to feed back on the effectiveness of your application.

2. The first six talks concern principles (impermanence and detachment), and fundamental techniques (being the observer and becoming aware), which are essential to accept as paradigms to be able to meditate, discipline the mind and de-stress.

3. In subsequent talks (7-12), so-called meditation ducts are offered. These are simply the doors or pathways through which the person can apply the fundamental techniques and principles of meditation.

4. As in Eastern meditation, in a general sense, it is clear that these conduits or gates are: the body, the mind, the here and the now and the silence, talks 7 and 8 try to use the body to meditate and get rid of negative anxiety. Talk 9 touches on the topic of how to meditate through the present. Talks 10 and 11 discuss how to use the mind in meditation; pointing to the fast and slow route in its use. And, por last, In talk 12 we treat silence not only as the cusp of meditation, but also as a way or conduit through which it can be meditated.

5. The brochure has a total of 19 exercises distributed in the talks and that relate directly to the postulates that are presented in each of them. In this way the person can, while assimilating the content of each talk, experience the veracity of what is raised in it and can experience how the level of anxiety decreases with one's own practice.

6. The talks are structured by questions and answers that capture the main concerns that may arise when trying to apply this type of psychotherapeutic strategy collected, in part, by the experience of the researchers themselves in the application of it.

This method of Q&A makes it possible for the reader to better assimilate the content of paradigms that are set as the basis for the successful application of oriental meditation. Another function of this way of structuring the content is that the person can have constant feedback on the effectiveness of the practice he is performing.

To amplify the positive effects of the application of this Metamodel the psychotherapist, when applying it should take into account the following requirements:

1. Speak as little as possible of problems and diseases.
2. Do not criticize what is being learned. The most important thing is to practice the exercises no less simple or absurd as they may seem.
3. Stimulate the patient not to imitate anyone or expect the same sensations and reactions to the practice of exercises. Trust in your own wisdom.
4. Motivate the patient not to give up on relapses, nor criticize or censor when apparently no results are seen.
5. Encourage the patient not to be left with doubts about the essence of the exercises.
6. Don't talk about past or future things.
7. Imbue the patient in the attitude of not being interested or expecting any results, only fully enjoy what is done.
8. Accepting the fact that the human mind itself is addictive (the inevitable presence of automatic mental processes in all human activity speaks eloquently of this fact), and since the full acceptance of this fact it is a question that the subject does not identify with the essence of the addictive mind and change this essence from so-called mindfulness. QOr therefore, in psychotherapy sessions, the psychotherapist (applying this strategy) does not wear out in the search for why, when or where. This means that the neural pathways of mental trauma and addiction are not energetic or strengthened.
9. In psychotherapeutic sessions the focus should not be on the transformation of external factors (work, family, etc.), but in the journey inwards. This conception is based on the essence that all growth is from the inside out.
10. The authors of this research consider that within the different psychotherapeutic currents existing today and structured in the model of the four forces of contemporary psychology (Behavioral psychology, to psychoanalyst psychology, humanist psychology and transpersonal psychology), the Meditative Metamodel made is quantitatively and qualitatively better affiliation, to Transpersonal Psychology [18]. The reasons for such a statement are set out below and in tight synthesis.

Transpersonal psychology attaches great importance to the study and expansion of the field of research-empirical and scientific-the states of health and psychological well-being, as well as a thorough research aimed at promoting the integral development of consciousness in its bio-psycho-social-spiritual or transpersonal dimensions. Part of the fact that the human being is able to experience states of consciousness that transcend the boundaries of the bio-psycho-social dimension, reaching a phase of deep relaxation and stillness of brain activity promoting levels of mental health not recognized by the medical tradition. In the opinion of the authors of this research, Oriental meditation does not at any time deny the paradigm (bio-psycho-social), only that it transcends it and that it can find a place as a psychotherapeutic approach in the field of transpersonal psychology.

Although the transpersonal approach does not itself form a specific psychological school because in its structure you can find a different range of different disciplines that tax your own theories and methods, by directing its action to different edges of the spiritual or existential dimension, all of which in one way or another agree that the concept of human being in a holistic way not only encompasses the biological, psychological and social dimensions.

These dimensions, from the point of view of the systemic approach, are only elements or forms in which existence (supreme consciousness, life, spirit, energy, etc.) is defined as tangible reality. Therefore, being, in the human form, can become the uncritical observer of the formation of impermanent forms (body and mind), transcending them and de-eying from the essential cause of mental suffering.

Once this has been achieved, the next step in this transcendence is to achieve the deep communion of the unitary being regardless of the forms it may take. Hence it is understood by this current the need to reach the transpersonal and transcendent dimension, as supreme objectives to be able to savor life in all its fullness and extent, without the eclipses typical of mental work.

The transpersonal approach holds that although the human being in his pursuit of happiness tends towards the realization of these dimensions as a natural process, this process can be truncated in the life of the individual by social and environmental factors. In this way the human being is between two forces or dimensions: on the one hand the internal experience of being or so-called organised wisdom, and on the other, the influence of the environment or the so-called external valuation.

This conception of the ultimate nature of the individual has benefited psychology and psychotherapy greatly because they allow for a broader openness in understanding a phenomenon as complex as the psyche and bridges the bridge between science and that wrongly called mystical in the search for a richer arsenal of techniques and tools to achieve psychological well-being and happiness.

Of course it also presents disadvantages because this interrelationship brings with it the introduction into professional and scientific therapeutic practice of spiritual traditions of dubious effectiveness. In addition, there is a danger of introducing indiscriminate spiritual practices in the field of psychotherapy including the tempting tendency for the psychotherapist to stop fulfilling his professional role to become a kind of teacher or spiritual guidance, thus abandoning its share of responsibility in the process of psychological rehabilitation of the mentally afflicted individual.

Another recurrent danger of this approach is to pretend to be the universal panacea in the solution of all dysfunctions, alterations and pathologies, without taking into account their etiology and the level of consciousness in which they are generated and developed, ignoring that the different pathological manifestations require different psychological approaches and psychotherapeutic intervention models.

Finally, it can be noted that the transpersonal approach is not a spiritual tradition, nor a contemplative path, but a psychological current based on a comprehensive approach to the remote scopes of human nature, which reveals problems, difficulties and crises of spiritual transformation and facilitates the processes of identification-integration-consolidation-de-identification, which allow the expansion of consciousness.

Transpersonal therapy also has its limitations. It should not be directed to the care and treatment of conditions of a clearly psychotic nature. This means that individuals with a long history of institutional and pharmacological treatment, as well as those with chronic conditions related to autism psychosis, childhood symbiotic psychosis, adult schizophrenia, depressive psychosis, primary narcissistic disorders, bordelinde personality disorders, high-level bordelinde neuroses or psychoneurosis - whose most disturbing etiology is rooted in the stages pre-personal developmental-, do not fit within the field of transpersonal psychotherapy because they require medical-psychiatric intervention.

Transpersonal psychotherapy combines various techniques in order to have a broader effect. The set of techniques that are structured based on the objectives that are intended, is known as exercises. These usually include breathing techniques, relaxation, visualization, mental focus, creative imagination and the different forms and currents of eastern meditation, among others. The term "method" corresponds to the set of techniques and exercises used in psychotherapeutic practice.

The reasons set out in this scapite caused the authors of the research to consider the Meditative Model as a psychotherapeutic instrument within the transpersonal current of Psychology and a competent candidate to be used in the treatment of anxiety from its modelling by contextualizing oriental meditation to "our reality."

All of the above allows not only to define the problem of research, but also its objective and the starting hypothesis.

- **Problem:** What effects will the application of the Meditative Metamodel have as a complementary psychotherapeutic strategy option in the treatment of anxiety in neurotic patients?
- **Objective:** To evaluate the effectiveness of the Meditative Metamodel as a complementary psychotherapeutic strategy in the treatment of anxiety in neurotic patients.
- **Hypothesis:** The application ofmeditative etemodel M as a complementary psychotherapeutic strategy will achieve significant changes in anxiety levels (state and trait) in neurotic patients

Method

Participants

The design of this research is an experiment from the quantitative paradigm with probabilistic sampling.

The sample of the research was taken from the population that entered the Mental Health House No. 2 "Jael Nieves" of the city of Holguin in the period from January to March 2013 (it is necessary to clarify that patients entering this center are subjected for two months to m conventional treatment consisting of different forms of therapy (occupational, cognitive-behavioral, etc.) and psychopharmaceuticals.

This sample was divided into two groups: one experimental and one control randomly following the opinion of the specialist group of this institution after the psychiatric examination. This sample was given idARE inventory and 100% of it was found to suffer from a high level of anxiety as a state and trait. (The results of the inventory coincided with the psychiatric examination of the

experts working at this center and who serve as the basis for the admission of patients to this institution.).

The sample consisted of 9 patients of which 5 patients constituted the experimental research group and the remaining 4 constituted the control group.

Instruments

The in-depth interview was used to learn the state of opinion of the subjects of the investigation regarding the occurrence of improvement in the treatment received by comparing a before and after. The IDARE Anxiety Inventory was used to understand the anxiety levels (as a status and trait) of research subjects (this instrument was not applied by researchers, but by the multidisciplinary team in charge of the attention to these patients who enter the institution on an outpatient basis) and the study of the documentation of the medical history was carried out to find evidence of improvement in the opinion of the multidisciplinary team.

These indicators were taken as variables to measure the degree of evolution experienced by the sample subjects. These variables were operationalized as follows

It is considered

- **Poor evolution (1 point):** If both the patient's opinion (through thein-depth interview), as well as the results of the psychiatric examination, as well as the results released by the IDARE Inventory (high degree of anxiety as a trait and as indicate that there has been no improvement in the social, work or family performance by which the patient goes to consultation or is referred.

- **Regular (2 points):** If both the patient's opinion, as well as the results of the psychiatric examination, as well as the results released by the IDARE Inventory (average degree of anxiety as trait and as a state) indicate that there has been some improvement in performance social, work or family services for which the patient goes to consultation or is referred and discrete successes have been obtained in these performances.

- **Good (3 points):** If both the patient's opinion, as well as the results of the psychiatric examination, as well as the results released by the IDARE Inventory (low degree of anxiety as trait and as a state) indicate that there has been a noticeable improvement in performance social, work or family by which the patient goes to consultation or is referred and obtains considerable success in these performances and does not require further assistance.

In addition, the patient's testimonies were filmed as evidence of the results obtained.

Procedure

During the period of the research both groups were subjected to the same conventional treatment received at this center, only that the experimental group was introduced the therapeutic strategy based on the Metamodel Meditative.

This therapy consisted of sessions based on the talks that appear in the meditative metamodel booklet with a frequency of twice weekly with a duration of one hour, an hour and a half. In these sessions the patients, in addition to being instructed on the paradigmatic foundations of eastern meditation, the exercises were practiced jointly with them. In addition, all were offered a CD with the recorded information from the booklet for reinforcement at times not set by the center.

At the end of two months, the same research instruments were reapplied to determine the degree of development experienced.

Statistical analysis

Obeying the sample size the percentage average was applied.

Results

Table 1 shows the results produced by the different instruments applied but valued according to the operationalization of the variables and determined by degrees of evolution.

	Evolution before the experiment			Evolution after the experiment		
	Bad	**Regular**	**Good**	**Bad**	**Regular**	**Good**
Control Group (4)	100%	0%	0%	50%	25%	25%
Experimental Group (5)	100%	0%	0%	0%	20%	80%

Table 1: Behavior of the degree of evolution of the research sample before and after the application of the Meditative Metamodel expressed in percent.

It is necessary to clarify that for greater reliability of the analysis of the variables and the determination of the degree of evolution of each of the subjects of the sample, the results presented and determined by the researchers were compared with the criteria of the team multidisciplinary management, there is an almost widespread consensus of these results.

By applying the percentage average in both groups before the experiment you can find that the score is the same.

Score of both groups before the experiment 1.

However after the experiment the score behaved as follows

- Control group score 1.75.
- Score of the experimental group 2.8.
- The advantages that resulted from the application of the Meditative Metamodel as complementary therapy in the treatment of these neurotic patients are obvious.

Discussion

Although the group of researchers is aware of the limitations of this research by the size of the sample and the impossibility of being able to bluntly monitor some confounding variables such as the intake of psychopharmaceuticals, it is of the opinion that based on the results and the views of the subjects of the experimental group and the specialized staff of the center, the Meditative Metamodel proved effective as a complementary therapy in the treatment of anxiety in patients neurotics of the experimental group and in the novel way of relating these to suffering. Researchers believe that the Meditative Metamodel can be a very useful tool in the field of psychotherapeutic practice.

Conclusion

This work is focused on solving one of the main problems of our country: How to alleviate the nefarious effects of neurotic disorders on the mental health of people afflicted by them and on the economy? The objective of this research is focused on validating the effectiveness of a metamodel created on the basis of oriental meditation in the fight against neurosis applied as complementary therapy. In our country there is a lack of research in the branch of MNT that understands Eastern meditation as a tool for the treatment of this type of mental condition. That is why this research is the first attempt to meet this need.

The applied methodology, as well as the proven efficiency of the scientific methods used, test the effectiveness of this metamodel and open the way for future research into the use of eastern meditation and its many variants in the rehabilitation of mental health. The meditative metamodel is made in the form of a booklet that can be used in a self-taught way by people interested in achieving the long-awaited mind-body balance.

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